

Attendant Handbook

Caring Companions In-Home Senior Care CDS Training Manual, updated October 2026. Keep this page handy and come back to it whenever you have a question while you work.

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Definitions

(adapted from 19 CSR 15-8.100)

Purpose: Below are terms, used in establishing procedures for the provision of consumer-directed services under the Department of Health and Senior Services to eligible consumers through eligible vendors, subject to legislative appropriations.

Consumer: A physically disabled person determined by the Missouri Department of Health and Senior Services (DHSS) to be eligible to receive consumer directed services (CDS).

Consumer-directed: The physically disabled person, as determined by the Missouri Department of Health and Senior Services (DHSS) to be eligible to receive consumer directed services (CDS), is the employer of the personal care attendant (attendant) and is solely responsible for the hiring, training, supervising, and directing of the attendant.

Live independently: To reside and perform routine tasks of daily living and activities of daily living and activities in the community in a non-institutional or unsupervised residential setting.

Personal care assistance (PCA) services: Those routine tasks provided to meet the unmet needs required by a physically disabled person to enable him or her to live independently.

Personal care attendant (attendant): A person, other than the consumer's spouse, who performs PCA services for a physically disabled person.

Physically disabled: Loss of, or loss of use of, all or part of the neurological, muscular or skeletal functions of the body to the extent that person requires the assistance of another person to accomplish routine tasks.

Routine tasks: Routine tasks and instrumental activities of daily living include, but are not limited to, the following:

1. Bowel and bladder elimination
2. Dressing and undressing
3. Moving into and out of bed
4. Preparation and consumption of food and drink
5. Bathing and grooming
6. Shopping/transportation
7. Maintenance and use of prostheses, aids, equipment and other similar devices
8. Ambulation, housekeeping, or other functions of daily living based on an independent living philosophy as specified in state law and regulation

Undue hardship: The result of a significantly difficult circumstance experienced by the disabled consumer that creates a situation of burden, risk or harm to the consumer. Undue hardship includes, but is not limited to the following:

1. Loss of consumer's income

2. Overall disintegration of the family
3. Abuse and neglect
4. Misuse of child labor
5. Presence of physical contraindications

Unit of service: One unit equals fifteen (15) minutes

Unmet needs: Routine tasks and activities of daily living which cannot be reasonably met by members of the consumer's household or other current support systems without causing undue hardship.

Vendor: Any person, firm or corporation having a written agreement with DHSS to provide services, including monitoring and oversight of the consumers services, orientation and training of the consumer, and fiscal conduit services necessary for delivery of CDS to physically disabled persons.

Consumer: Consumer Eligibility

(adapted from 19 CSR 15-8.200)

Purpose: The following information outlines the criteria and procedures for determining an applicant eligible to receive consumer-directed services.

1. All consumers must meet the following general criteria for eligibility under the CDS program:
 - a. Be at least eighteen (18) years of age
 - b. Able to direct their own care (consumer-directed)
 - c. Capable of living independently with CDS
 - d. Physically disabled
 - e. Require at least a nursing facility level of care under regulations established by DHSS
 - f. Unmet needs must be safely met at a cost that shall not exceed the average monthly MoHealthNet (Medicaid) cost of nursing facility care as determined by the Department of Social Services (DSS)
 - g. Document proof of MoHealthNet (Medicaid) eligibility under Title XIX of the Social Security Act pursuant to federal and state laws and regulations
 - h. Participate in an assessment and/or evaluation conducted by DHSS or their designee to assign point values pursuant to federal and state laws and regulations
2. Individuals eligible for MoHealthNet (Medicaid) under Title XIX of the Social Security Act who do not meet the above criteria for the CDS program shall be referred to other programs or agencies, as appropriate, to determine eligibility for personal care services pursuant to federal and state laws and regulations.

3. Any assessment and/or evaluations shall be conducted by DHSS, using the common assessment tool utilized for assessment of other disabled and aged adults.
4. Consumers are eligible to receive services without regard to race, color, national origin, sex, age, religion, political beliefs, or disability.
5. Consumers who participate in the MoHealthNet spenddown program must meet their spenddown monthly in order to maintain CDS participation (paid attendant services)

Plan of Care

(adapted from 19 CSR 15-8.200)

The CDS plan of care is based on the assessment and/or evaluation performed by DHSS or their designee and determines the appropriateness and adequacy of services and ensures that services furnished are consistent with the nature and severity of the individual's disability.

1. The initial assessment and/or evaluation shall be conducted in the consumer's home or place of residence and include, but not be limited to, the following:
 - a. The functions of daily living
 - b. The frequency and duration of the routine tasks or activity(ies) required to live independently
 - c. A description of the met and/or unmet needs
2. The CDS plan of care shall include, but not be limited to, the following:
 - a. The maximum number of units of personal care assistance (PCA) to be provided based on the consumer's unmet needs
 - b. The description and frequency of services to be provided as documented on the assessment and/or evaluation
 - c. The starting date for PCA services
 - d. The date for reassessment or reevaluation of CDS services
 - e. Documentation of the consumer's choice of vendor
 - f. Consent signatures by the consumer and DHSS
3. Copies of the plan of care will be provided to the consumer and the vendor.
4. If a consumer is receiving services or transferring from another service provider or agency, DHSS is responsible for collaborating and coordinating services through the plan of care.
5. The individual shall be notified of DHSS's decision regarding eligibility for CDS within ten (10) days of the date of the decision.

Consumer Responsibilities

(adapted from 19 CSR 15-8.200)

Consumer directed services are consumer-directed and the consumer shall be responsible, at a minimum for the following:

- 1.** Selection, hiring, training, and supervision of the consumer's personal care attendant (attendant)
 - a.** Consumers are strongly encouraged to hire a primary attendant as well as a backup attendant to provide services should the primary attendant be unavailable.
 - b.** Consumers may hire up to 4 attendants. No more than 4 attendants may be hired by a consumer due to worker's compensation laws.
 - c.** Consumers are Equal Opportunity Employers. This means that they will accept or select an attendant without regard to race, color, national origin, sex, age, religion, political beliefs, or disability
- 2.** Making sure the attendant clocks in and out with WellSky (the WellSky app or the consumer's home phone) at every visit, and signing an EVV correction form only when the times on it are true
- 3.** Ensuring that units submitted for reimbursement do not exceed the amounts authorized by the CDS plan of care and/or those eligible for reimbursement through MoHealthNet (Medicaid)
- 4.** Promptly notifying DHSS and/or the vendor within ten (10) days of any changes in circumstances affecting the CDS plan of care and/or changes in the consumer's place of residence
- 5.** Prompt notification to the vendor regarding any problems resulting from the quality of services rendered by the attendant. Any problems not resolved with assistance from the vendor shall be reported to DHSS
- 6.** Maintaining an active MoHealthNet (Medicaid) status
- 7.** Training attendant(s) on how to complete the tasks authorized on the plan of care
- 8.** Providing any supplies or equipment necessary for the attendant to perform tasks authorized on the consumer's care plan (cleaning supplies, vehicle, gasoline, etc.)
- 9.** Notifying attendant or Caring Companions In-Home Senior Care if consumer will not be home for a scheduled work time or visit
- 10.** Notifying Caring Companions In-Home Senior Care when hospitalized

Maintaining Program Eligibility

(taken from 19 CSR 15-8.200)

- 1.** The needs of the consumer shall be reassessed and/or reevaluated at least annually by DHSS, and the amount of assistance authorized DHSS shall be maintained, adjusted or eliminated accordingly.

2. A consumer's CDS may be discontinued or denied by DHSS in certain circumstances including, but not limited to, the following:
 - a. DHSS and/or the vendor learns of circumstances that require the denial or closure of a consumer's case, including but not limited to, death, admission to a long-term care facility, consumer no longer needing services, and/or the inability of the consumer to self-direct his/her services
 - b. The consumer has falsified records or committed fraud
 - c. The consumer is noncompliant with the plan of care. Noncompliance requires persistent actions by the consumer or his/her family/representative which negate the services provided in the plan of care
 - d. The consumer or a member of the consumer's household threatens and/or abuses the attendant and/or vendor to the point where the staff's welfare is in jeopardy
 - e. The consumer's needs exceed available plan of care hours
 - f. The attendant is not providing services as set forth in the CDS plan of care and attempts to remedy the situation have been unsuccessful

Denial, Termination, Reduction, or Suspension of Services

(taken from 19 CSR 15-8.200)

1. DHSS shall notify the consumer/applicant in writing regarding denial, reduction, or termination of CDS services.
2. The consumer may request a hearing under the rules promulgated by DHSS. DHSS shall not suspend, reduce or terminate services provided to a consumer during this time period, unless the consumer requests in writing that services be suspended, reduced or terminated.

Hearing Rights

If DHSS finds you not eligible for CDS, or reduces, suspends or ends your services, or if you disagree with your plan of care, you have the right to a hearing with the Missouri Department of Social Services (DSS). (19 CSR 15-8.500)

1. To ask for a hearing, contact DHSS in writing within 90 days of the decision. Use the address and phone number printed on the notice DHSS mailed you.
2. To keep your services while you wait, appeal in writing within 10 days of the date the notice was mailed. DHSS will then keep your current plan of care in place until the hearing decision, unless you ask in writing for your services to stop or change.
3. If the hearing upholds DHSS's decision, you may have to repay the cost of the services you received while the appeal was pending.

We can help you write and send your request. Call us at (417) 218-2888 or toll free at (866) 863-5151.

Grievance Policy

Consumers and attendants may raise a concern about any part of their CDS services: an attendant, our staff, payroll, or the plan of care. Raising a concern will never affect your services or your pay, and we will not treat you differently for it. You may choose anyone to help you or speak for you.

How to raise a concern:

1. Tell us. Call (417) 218-2888 or toll free (866) 863-5151, email samantha@mo-care.com, or write to us at 1331 N Stewart Ave, Suite B, Springfield, MO 65802. You may tell us by phone, in writing or in person. If you would like help putting it in writing, we will help.
2. We confirm we received it within 2 business days.
3. We look into it. We talk with the people involved and review the records.
4. We answer you in writing within 10 business days of receiving it.
5. If you are not satisfied, ask in writing within 30 days for a review by the owner. The owner answers in writing within 10 business days.

You can also go outside the agency at any time:

- The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services, for concerns about your services or plan of care
- The Missouri Medicaid Audit and Compliance Unit (MMAC), for concerns about billing or fraud
- The abuse and neglect hotline, 1-800-392-0210, for abuse, neglect or exploitation, without telling us first
- A hearing, if your services are denied, reduced, suspended or ended (see Hearing Rights above)

We keep a record of every concern, what we did, and how it was resolved.

Vendor: Vendor Responsibilities

(adapted from 19 CSR 15-8.400)

Troutman Enterprises, LLC DBA Caring Companions In-Home Senior Care is a vendor for Consumer Directed Services (CDS). Below are some of the expectations of vendors for CDS from the Department of Health and Senior Services.

1. All vendors of the consumer-directed services (CDS) program shall:
 - a. Have a philosophy that promotes consumer's ability to live independently in the most integrated setting. This philosophy includes the following independent living services:
 - i. Advocacy

- ii. Independent living skills training
 - iii. Peer counseling
 - iv. Information and referral
 - v. Transitions
- b. Have a valid written agreement with the Department of Health and Senior Services (DHSS)
- c. Have a valid MoHealthNet (Medicaid) participation agreement pursuant to federal and state laws and regulations
- 2. Vendors shall perform, directly or by contract, payroll accounting functions for consumers, including but not limited to
 - a. Collecting EVV records of attendant time worked and certifying their accuracy
 - b. Transmitting individual payments to the personal care attendant (attendant) on behalf of the consumer
 - c. Ensuring all payroll, employment, and other taxes are paid timely
- 3. Vendors shall, directly or by contract, file claims for MoHealthNet (Medicaid) reimbursement
- 4. In addition, to the above requirements, vendors shall be responsible, directly or by contract, for the following:
 - a. Maintaining a list of eligible attendants
 - i. Ensuring that each attendant is registered, screened, and employable pursuant to the Family Care Safety Registry (FCSR) and the Employee Disqualification List (EDL) maintained by DHSS, and applicable state laws and regulations
 - ii. Performing quarterly background screenings through the FCSR and the EDL as well as monthly screenings through the Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE)
 - iii. Notifying the attendant of his or her responsibility to comply with applicable state laws and regulations regarding reports of abuse or neglect
 - b. Training and orientation of consumers in the skills needed to recruit, employ, instruct, supervise and maintain the services of attendants
 - c. Processing of consumer's inquiries and problems
 - d. Maintaining confidentiality of consumer records, including eligibility information from DHSS, pursuant to applicable federal and state laws and regulations
 - e. Performing case management activities with the consumer at least monthly to provide ongoing monitoring of the provision of services in the plan of care and other services as needed to live independently
 - f. Ensuring the consumer has an emergency and/or backup plan

- g.** Monitoring utilization of units by the consumer at least monthly

Attendants: Attendant Qualifications

(taken from 19 CSR 15-8.400)

Attendants must meet the following qualifications:

- 1.** Be at least eighteen (18) years of age
- 2.** Be able to meet the physical and mental demands required to perform specific tasks required by a particular consumers
- 3.** Agree to maintain confidentiality
- 4.** Be emotionally mature and dependable
- 5.** Be able to handle emergency type situations
- 6.** Not be the consumers' spouse
- 7.** Be registered with and have a clear background screening through the Family Care Safety Registry (FCSR) or have been granted a Good Cause Waiver by DHSS which is still in good standing.
- 8.** Not be listed on the Employee Disqualification List (EDL) which is maintained by the Department of Health and Senior Services (DHSS)
- 9.** Not be on the List of Excluded Individuals/Entities (LEIE) which is maintained by the Office of the Inspector General (OIG)

The attendant is an employee of the consumer only for the time period subsidized with CDS funds, but is never the employee of the vendor, DHSS, or the state of Missouri.

Getting Started as a New Attendant

Your employer is the consumer you work for. Caring Companions In-Home Senior Care is the CDS vendor. We run payroll, keep the paperwork, check backgrounds, and help the consumer manage their services.

Step 1: Your application

You fill out the attendant application and sign the background check authorization. The office then runs your Family Care Safety Registry (FCSR), Employee Disqualification List (EDL) and OIG checks. You cannot start work until all three are clear.

Step 2: Onboarding

- 1.** Sign the Attendant Care Contract, the Attendant Pay Rate form and the Unit Utilization / Payroll Agreement.
- 2.** Read this handbook and sign that you have read it.

3. Finish your hiring paperwork in Empeon, our payroll system: W-4, I-9 and direct deposit. Upload photos of the front and back of your I-9 documents in Empeon.
4. Watch the 1-hour attendant orientation video.
5. Book your 15-minute welcome video call. On the call you show the same original I-9 documents you uploaded, live on camera, and practice clocking in with WellSky. Caring Companions In-Home Senior Care uses E-Verify, and the office completes Section 2 of your I-9.

Want more hours?

You can also join our caregiver list at findcdscaregivers.com, where consumers looking for an attendant can find you.

Questions?

Call the CDS office at (417) 218-2888, or toll free at (866) 863-5151.

Mandated Attendant Reporting of Abuse, Neglect, and Exploitation (ANE)

All attendants providing CDS are mandated reporters. Mandated reporters are required by law (660.300, 565.188, 208.912, and 198.070, RSMo) to report suspicions or allegation of abuse, neglect, or exploitation (ANE) immediately to the DHSS Central Registry Unit (CRU) at 800-392-0210. Mandated reporters do not have to witness the ANE in order to make a report. Information gained from a secondary source may reveal ANE and those instances shall also be reported to CRU.

1. Mandated reporting of Abuse/Neglect
 - a. The law requires specified mandated reporters regarding adults over age sixty, residents of facilities, and Home and Community Based Services (HCBS) participants. A mandated reporter shall immediately report to CRU any situation in which he/she:
 - i. Has reasonable cause to believe that a consumer has been abused or neglected as a result of services (660.300, RSMo)
 - ii. Has reasonable cause to suspect that a person sixty years of age or older has been subjected to abuse or neglect (565.188, RSMo)
 - iii. Observes a person sixty years of age or older being subjected to conditions or circumstances which would reasonably result in abuse or neglect (565.188, RSMo)
 - iv. Believes that a consumer has been abused or neglected as a result of the delivery or failure to deliver Consumer Directed Services (208.912, RSMo)
 - v. Believes that a resident of a facility has been abused or neglected
2. Abuse consists of any physical, sexual, or emotional injury or harm to the reported adult.

- a. Physical injury or harm is considered the result of any act of violence by another individual. Examples include beating, striking, wounding, choking, restraining, or any other methods used to physically hurt the reported adult
 - b. Sexual injury or harm is considered the result of any actions of a sexual nature inflicted upon a reported adult by another person, when the reported adult has not given or is incapable of giving consent. Examples include: touching or fondling directly or through clothing for sexual purposes, causing the touching of another person for sexual purposes, promoting/observing activities for sexual purposes, failure to prevent inappropriate activity observed by a third person when it is known or believed that there is risk of harm or injury, etc.
 - c. Emotional injury or harm is considered to result from acts of verbal abuse or the act of purposefully withholding or withdrawing affection with the intent to provoke distress. This shall include incidents that would cause emotional distress to a senior or adult with a disability regardless of age or physical/mental impairment. Examples include referring to a reported adult in their presence with profanity or in a demeaning, undignified, or derogatory manner, etc.
- 3. Neglect is the failure to provide care, goods, or services to the reported adult, who is believed to be unable to adequately perform or obtain services which are necessary to meet the essential human needs. Neglect may be perpetrated by oneself or by an alleged perpetrator with a legal or contractual responsibility to act.
 - a. Neglect may be passive: Careless conduct or a breach of a duty resulting in injury by the unintentional failure to fulfill a caregiving obligation or failure to provide based on ignorance.
 - b. Neglect may be active: Careless or reckless conduct or a breach of a duty resulting in injury by the intentional failure to fulfill caregiving needs.
- 4. Exploitation occurs when an alleged perpetrator has obtained control over the reported adult's property by deception, intimidation, or force (570.145 RSMo); this shall include, but is not limited to, acts whereby property or funds have been diverted for the use of the alleged perpetrator without the reported adult's authorization such as misuse of a power of attorney, fraud, theft, stealing by deceit, or undue influence in writing wills or other documents.
- 5. In addition to the specific abuse, neglect, and exploitation allegations listed above, there are two (2) allegations specific to CDS attendants:
 - a. Misappropriation occurs when a CDS attendant is believed to have diverted personal property or funds from a CDS consumer. Examples of such acts may include theft of money or other items, borrowing money with the promise to repay, forged checks, unauthorized use of debit or credit card, etc.

- b.** Falsification of documentation occurs when a CDS attendant is believed to have falsified EVV records. Examples of such acts may include leaving early or arriving late but claiming entire time, not showing up for work but claiming time, claiming time for being in two locations at the same time, etc. (for more information see MoHealthNet (Medicaid) Fraud section)

Attendant Responsibilities

- 1.** Perform all tasks as they are listed on the consumer's plan of care.
 - a.** Only tasks outlined on the plan of care should be performed by the attendant
 - b.** The attendant is to provide services only to the consumer listed on the plan of care. They are not allowed to provide services to visitors, children, pets or other persons in the consumer's household
 - c.** The consumer is responsible for showing the attendant the manner in which the consumer wishes for the specified task to be completed
 - d.** The attendant should be actively providing services as outlined in the plan of care during the entire period that he/she is clocked in to work.
- 2.** Clock in and out with WellSky, the vendor's electronic visit verification (EVV) system, for every visit
 - a.** Clock in when work is beginning, using the WellSky app or the consumer's home phone, while you are in the consumer's home
 - b.** Clock out when work is completed, before you leave the consumer's home
 - c.** Accurately report the tasks that have been completed during the time worked
 - d.** Verify daily the clock in and clock out times that the system has recorded for the attendant
 - e.** Work for one consumer at a time. Never be clocked in for two consumers at once.
- 3.** Attendants are not responsible for providing cleaning supplies, any protective gloves or protective gear, gasoline, or vehicle for the consumer. These things are the responsibility of the consumer.

Training: Vendor training of consumer/attendant

(adapted from 19 CSR 15-8.400)

The vendor shall be responsible, directly or by contract, for the training and orientation of consumers in the skills needed to recruit, employ, instruct, supervise and maintain the services of attendants. This training and orientation should include but not be limited to:

- 1.** Assisting consumers in the general orientation of attendants as requested by the consumer, in the attendant's presence where possible
- 2.** Federal and state requirements for the mandatory use of electronic visit verification (EVV)

3. Identification of issues that would be considered fraud of the program
4. Allowable and non-allowable tasks
5. Notifying consumers that falsification of any attendant visit verification records is fraud and will be reported to the Missouri Medicaid Audit and Compliance Unit (MMAC)
6. Rights and responsibilities of the attendant
7. Identification of abuse, neglect, and/or exploitation
8. The attendant's duty to report to DHSS and/or the vendor any significant deterioration in the consumer's health, or a belief that the consumer can no longer direct their own care. If an attendant fails to report this, the vendor must report that failure to DHSS.

Consumers also receive the Pandemic Preparedness Policy (at the end of this handbook) every year, and train their attendants on it every year (19 CSR 15-8.400(2)).

MoHealthNet (Medicaid) Fraud

Consumer Directed Services are a Home and Community Based Service (HCBS) provided to MoHealthNet (Medicaid) participants. All attendant services are submitted to and paid by MoHealthNet (Medicaid). If an attendant's time worked is submitted and the consumer and/or attendant knows that the time or tasks being submitted is incorrect, the consumer and/or the attendant could be referred to legal authorities as a result of falsifying records, which could result in MoHealthNet (Medicaid) fraud. Any falsification or other misrepresentation of attendant's time worked will constitute MoHealthNet (Medicaid) fraud. All payments made as a result of inaccurate EVV records will be recouped from the consumer and the attendant. Any apparent fraud will be reported to the proper authorities.

Medicaid Fraud Policy

Troutman Enterprises, LLC DBA Caring Companions In-Home Senior Care is a Medicaid Provider through the provision of Consumer Directed Services. As such, Caring Companions is required to report any alleged Medicaid fraud to the proper authorities. This would include the Missouri Medicaid Audit and Compliance Unit (MMAC), and Missouri Department of Health and Senior Services (DHSS) and the Missouri Attorney General.

Falsification of EVV records in the Consumer Directed Services Program is considered a misuse of Medicaid funds, sometimes referred to as Medicaid fraud. Caring Companions In-Home Senior Care does not tolerate falsification of EVV records or Medicaid fraud. Putting false or fraudulent information in EVV records is extremely serious and can be punishable by law.

According to the Missouri Attorney General, "falsifying timesheets or signatures in connection with the provision of personal care services" is considered Medicaid fraud. In addition, individuals who violate Medicaid fraud regulations may lose their Medicaid eligibility for life

and be banned from receiving Consumer Directed Services or In-Home Services. The Missouri Attorney General may file criminal charges against Attendants/Aides or Consumers/Clients for Medicaid fraud and there may be serious financial penalties and even prison time for violators.

The Medicaid funding received for the Consumer Directed Services Program is to be used to pay the client's attendant(s) based on time and tasks worked by the approved attendant according to the approved care plan formulated by the Department of Health and Senior Services (DHSS) during the consumer's evaluations or assessments. If the funding is used for any other reason, this will be considered a misuse of Medicaid funds and can be considered Medicaid fraud.

If Falsification or Fraud is Discovered

If Caring Companions In-Home Senior Care discovers an EVV record that is believed to contain false or fraudulent information, or is told that falsification or fraud exists, Caring Companions In-Home Senior Care will make the following reports as appropriate:

- Inform the Department of Health and Senior Services (DHSS) of the incident by making a hotline call.
- Inform the Missouri Medicaid Audit and Compliance Unit (MMAC) of the incident.
- Stop or prevent billing of Medicaid based on EVV records believed to be false or fraudulent.
 - If Caring Companions In-Home Senior Care has discovered that Medicaid has been billed for false or fraudulent EVV records, Caring Companions In-Home Senior Care will self-disclose the overpayment to the Missouri Medicaid Audit and Compliance Unit (MMAC).
- Stop or prevent all payments to the attendant(s) in question, for all consumers in which they are employed, based on EVV records believed to be false or fraudulent.
- As applicable, Caring Companions In-Home Senior Care will inform the Missouri Attorney General's office of incidents of EVV record falsification.
- Caring Companions In-Home Senior Care will provide re-training to the consumer and the attendant so the same error(s) do not occur in the future.

If EVV record falsification or fraud is suspected, Caring Companions In-Home Senior Care reserves the right to:

- Immediately stop and suspend all payments made to the attendant(s) in question, for all consumers in which they are employed, based on EVV records believed to be false or fraudulent, pending an investigation decision of Caring Companions In-Home Senior Care, the Department of Health and Senior Services (DHSS), or the Missouri Medicaid Audit and Compliance Unit (MMAC).

- Immediately disqualify the attendant from working for any Caring Companions In-Home Senior Care consumer, pending an investigation decision of Caring Companions In-Home Senior Care, the Department of Health and Senior Services (DHSS) or the Missouri Medicaid Audit and Compliance Unit (MMAC).
- Choose to withdraw as the consumer's CDS vendor immediately upon notification to the Department of Health and Senior Services (DHSS). The consumer will be notified in these cases.

Examples of EVV Record Falsification or Fraud

Note: EVV records include every clock-in and clock-out made with the WellSky app or the consumer's home phone, and every EVV correction form.

Some examples of falsification of EVV records or Medicaid fraud may include but are not limited to:

- Submitting an EVV record for payment for days the approved attendant(s) did not work
- Submitting an EVV record for payment of more hours than the attendant(s) worked
- Submitting an EVV record for payment with tasks noted that the attendant(s) did not actually complete for the consumer
- Clocking out of a shift before the work has been done
 - Submitting an EVV correction form before a shift is completed (example: submitting a correction at 1pm showing the attendant worked until 5pm that day)
 - Filling out EVV correction forms ahead of time for days that have yet to occur
- Submitting an EVV record for payment of time the attendant(s) worked while completing tasks not approved on the consumer's care plan (examples: yard work, pet care, home repair, etc.)
- Submitting an EVV record for payment for days the consumer was in the hospital, emergency room, physician's office, rehab, nursing home, or other facility
- Submitting an EVV record for payment for days the attendant(s) was institutionalized (in the hospital, nursing home, rehab, jail, prison, etc.)
- Submitting an EVV record for payment when the attendant(s) was on-the-clock or working for another consumer, agency, organization or business at the same time
- Submitting an EVV record for payment when the attendant(s) was doing work for people of than the consumer
- Signing an EVV correction form with a signature that is not the actual consumer's or attendant's
- Clocking in under an approved attendant's name when someone other than the approved attendant did the work

- Submitting an EVV correction form signed by anyone other than the consumer and the attendant
- Clocking in, or submitting an EVV correction form, for an attendant who no longer works for the consumer for any reason
- Submitting an EVV record for payment for a consumer who is closed with Caring Companions In-Home Senior Care for any reason
- Clocking in or out from anywhere other than the consumer's home
- Letting another person clock in or out for you, or clocking in for another attendant
- Turning off, faking or working around the WellSky app's location check
- Asking for an EVV correction for time that was not worked

If EVV record falsification or fraud is proven, Caring Companions In-Home Senior Care reserves the right to:

- Immediately disqualify the attendant from working for any Caring Companions In-Home Senior Care consumer at present time or in the future.
- Withdraw as the consumer's CDS vendor immediately upon notification to the Department of Health and Senior Services (DHSS).

If this decision is made, the consumer will not be eligible to receive Consumer Directed Services from Caring Companions In-Home Senior Care at any time in the future.

Overpayment of Attendant

Recovery of Money due to Medicaid Fraudulent Activity

Since Medicaid fraud is an illegal act, not only will the attendant be required to pay back any monies involved with the fraud but the consumer and/or the attendant involved may be prosecuted as well. This would include money that was paid to the attendant due to falsifying EVV records.

If an attendant is overpaid, he/she can either write a personal check or authorize a reduction in pay to cover the repayment.

Caring Companions In-Home Senior Care will not reduce an attendant's pay without written authorization by the attendant or proof that the attendant was afforded due process prior to a reduction in pay.

Proof of due process is satisfied by providing a copy of the letters that were sent to inform the attendant that wages will be reduced if he/she fails to either repay the debt or provide information to establish there was no overpayment. If an attendant does not dispute the overpayment, there is no need to send either letter. The signed acknowledgement of overpayment/authorization to reduce wages form documents that the attendant was informed of the right to dispute the amount of overpayment and has agreed to the method of repayment.

When an overpayment occurs, the repayment must be within the same tax year. In the exceptional situations where the overpayment occurs in one tax year and is not discovered until the next tax year, there will be additional steps and paperwork required. The following information is for repayments that are made in the same tax year.

1. Caring Companions In-Home Senior Care will verbally inform the attendant of an overpayment
2. In order for Caring Companions In-Home Senior Care to obtain the net repayment amount, which takes into consideration the taxes that were paid on the amount of the overpayment, the following information is needed:
 - Attendant's name
 - Pay period in which the attendant was overpaid
 - The gross amount the attendant should have been paid

If the attendant agrees there has been an overpayment, Caring Companions In-Home Senior Care will:

1. Inform the Attendant of the net amount to be repaid
2. Obtain a signed acknowledgement of overpayment/authorization to reduce wages form, on which the attendant will have elected to repay either by personal check or by wage reduction
 - Repayment by personal check: Send the check, payable to Caring Companions In-Home Senior Care to the payroll office.
 - Repayment by wage reduction: The payroll office will process a miscellaneous deduction to reduce the attendant's pay which will take into account the taxes that were charged on the overpayment.
3. Retain a copy of the authorization form with the department payroll records for the pay period in which the overpayment occurred.

If the Attendant does not agree to repayment after verbal notice, and does not respond when verbally informed of the overpayment, or fails to repay the overpayment in a timely fashion, Caring Companions In-Home Senior Care will:

1. Send a letter on company letterhead, via certified mail, return receipt requested to the attendant's home address notifying the attendant of the overpayment and the options for repayment or to contest the amount of overpayment.

2. If the attendant does not either respond to the first letter or meet to dispute the overpayment and based on information provided by the attendant, Caring Companions In-Home Senior Care still believes there is an overpayment, the company will send a second letter on company letterhead, via certified mail, return receipt requested to the attendant's home address to confirm the overpayment will be deducted from his or her next check.
3. Process the authorization to reduce wages form along with both letters to payroll office.
4. Retain a copy of the form and letters with the department payroll records for the pay period in which the overpayment occurred.

Note: The above process should be followed even if the attendant has been terminated. A miscellaneous deduction will be entered in the payroll system so that the overpayment can be recovered if the attendant is later rehired.

Health Insurance Portability and Accountability Act (HIPAA)

The Privacy Rule (adapted from www.hhs.gov)

The Privacy Rule, a Federal law, gives you rights over individuals' health information and sets rules and limits on who can look at and receive an individuals' health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. Organizations that must follow these rules are known as covered entities.

How Is This Information Protected

- Covered entities must put in place safeguards to protect your health information.
- Covered entities must reasonably limit uses and disclosures to the minimum necessary to accomplish their intended purpose.
- Covered entities must have contracts in place with their contractors and others ensuring that they use and disclose your health information properly and safeguard it appropriately.
- Covered entities must have procedures in place to limit who can view and access your health information as well as implement training programs for employees about how to protect your health information.

Who Can Look at and Receive Your Health Information

The Privacy Rule sets rules and limits on who can look at and receive your health information. To make sure that your health information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and to help run their businesses
- With your family, relatives, friends, or others you identify who are involved with your health care or your health care bills, unless you object

- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Payroll Procedures

Attendant Wages

1. Attendants are paid \$15 to \$16 an hour, paid every Thursday. Attendant wages are determined by the hiring consumer/employer.
2. Attendants are eligible for a wage increase as determined by the hiring consumer/employer.
 - a. The consumer must request an increase to submit to Caring Companions In-Home Senior Care.
 - b. Any reductions in wages requested by the hiring consumer/employer must follow applicable laws and regulations.
 - c. Wages are currently capped at \$16 per hour based on available funding from the Department of Health and Senior Services.

Clocking In and Out: WellSky and EVV

Missouri requires every visit to be recorded electronically, at the time it happens, in the consumer's home. This is called Electronic Visit Verification (EVV). It is required by federal law (the 21st Century Cures Act) and by state rule 13 CSR 70-3.320. Caring Companions In-Home Senior Care uses WellSky for EVV. A visit that is not verified in WellSky cannot be paid.

Two ways to clock in and out:

- The WellSky app on the attendant's own phone, or
- The consumer's home phone (telephony).

The rules for both:

- Clock in and out only in the consumer's home. Never in the car, on the way, or after you leave.
- Work for one consumer at a time. Never be clocked in for two consumers at once.
- Clocking in from somewhere else, clocking in for time you did not work, or letting someone else clock in for you is fraud and is reported to MMAC (see the MoHealthNet (Medicaid) Fraud section).

Consumer Role:

- If the attendant clocks in with the consumer's home phone, the telephone number must be a number registered to the consumer's residence or registered in the consumer's name.

- Caring Companions In-Home Senior Care reserves the right to make exceptions in extreme situations where these criteria cannot be met.
- The consumer will sign a form authorizing Caring Companions In-Home Senior Care to utilize the designated number for attendant time tracking purposes.
- The consumer will ensure that the attendant clocks in and out with WellSky at every visit.
- The consumer will keep a separate physical record of attendant's time worked in order to track the amount of time the attendant has worked versus the consumer's authorized hours of service in order to ensure that attendant is only working the maximum amount of time allowed within the consumer's plan of care.
- The consumer will ensure that the attendant's time worked is recorded correctly with Caring Companions In-Home Senior Care.
- The consumer, as the employer, signs an EVV correction form only when the times on it are true.

Attendant Role:

- The attendant will clock in with WellSky, in the consumer's home, before starting any work listed on the consumer's plan of care.
- The attendant will clock out with WellSky immediately after completing work listed in the consumer's plan of care, before leaving the consumer's home.
- The attendant will keep an alternate record of time worked in case electronic records are not available for any time worked.
- If a clock-in or clock-out is missed or wrong, the attendant will submit an EVV correction form (see below) by Saturday at 11:59pm of that pay period.
- For shopping or transportation tasks on the plan of care, the attendant clocks in at the consumer's home before leaving and clocks out after getting back.

When Something Goes Wrong: the EVV Correction Form

Sometimes a clock-in or clock-out is missed: the phone dies, there is no signal, or someone forgets. When that happens, the attendant and the consumer fill out the EVV Correction Form at hub.caringcds.com/evv-form.html.

1. Fill in the attendant name, consumer name, date of the visit, the real clock-in and clock-out times, and the reason.
2. The attendant and the consumer both sign. By signing, both confirm the times are true and the services were provided.
3. Submit it by Saturday at 11:59pm of that pay period (the pay period runs Sunday to Saturday). A correction that arrives later is paid in the next pay period.

Corrections should be rare. Our goal is that 95% or more of visits are clocked in and out correctly the first time. Missouri Medicaid treats a high rate of corrections as a possible sign of fraud, and every correction is reviewed in an audit.

We cannot correct:

- Time that was not worked
- Time beyond the units authorized on the consumer's plan of care
- Tasks that are not on the plan of care
- A correction the consumer will not sign

Payroll Periods

1. Payroll periods begin on a Sunday.
2. Payroll periods end on the Saturday 7 days later (one week, Sunday to Saturday).
3. All attendant time must be recorded in WellSky, and any EVV correction form submitted to Caring Companions In-Home Senior Care, by 11:59pm on the Saturday the payroll period ends.
4. Attendants are paid every Thursday, for the payroll period that ended the Saturday before. If a holiday moves payday, the office will let you know.
5. The consumer must have an active MoHealthNet (Medicaid) status in order for the attendant to receive wages.

Payroll Payments

Pay is set up in Empeon, our payroll system. Attendants are paid by direct deposit:

- Direct deposit into a checking/savings account

Wages will be deposited or electronically transferred on the designated Thursday. If an attendant has not received notification of pending payment by Thursday at noon the attendant's consumer should contact Caring Companions In-Home Senior Care by phone at (417) 218-2888. (Due to HIPAA guidelines, Caring Companions In-Home Senior Care cannot communicate via e-mail regarding an attendant's payroll information).

If Your Pay Does Not Arrive

If your direct deposit has not arrived by the end of the day on Thursday:

1. Check that your bank account details in Empeon are correct.
2. Call the CDS office at (417) 218-2888. Please do not email about pay.
3. We check that payroll ran and whether the bank sent the deposit back. If it came back because of wrong bank details, we pay you as soon as we can once the details are fixed in Empeon. There is no fee.

If Caring Companions In-Home Senior Care makes a mistake in processing payroll for an attendant, Caring Companions In-Home Senior Care will correct that mistake and will pay that attendant as soon as possible. If the mistake is by the consumer or the attendant, Caring Companions In-Home Senior Care makes no guarantees as to the date of payment.

Attendant Code of Ethics

The consumer is the employer. Many attendants are family members of the consumer, and that is allowed in this program. These rules are not about mistrust. They make clear what is expected while working, so no one does something that puts the consumer's services or the attendant's job at risk.

During working hours, an attendant must not:

- Eat or drink the consumer's food or drink without permission. Water is fine.
- Use the consumer's telephone for personal calls without permission.
- Bring other people into the consumer's home without the consumer's approval first.
- Drink alcohol, or use drugs or medication other than their own lawfully prescribed medication.
- Smoke or vape in the consumer's home without the consumer's permission.
- Talk about the consumer with anyone who is not involved in their care, including on social media, even without using their name.
- Take, borrow or use the consumer's money, property, cards or medication, except for a task on the plan of care at the consumer's direction.
- Sleep on duty, or leave the consumer alone when the plan of care requires the attendant to be there.
- Record time not worked, clock in when not at the home, or let anyone else clock in for them.
- Do tasks that are not on the plan of care, or work beyond the authorized time.

During working hours, an attendant must:

- Arrive when scheduled, and give as much notice as possible when they cannot.
- Clock in on arrival and out on leaving, honestly, using the WellSky app or the consumer's home phone.
- Do the tasks on the plan of care, the way the consumer directs.
- Treat the consumer, their home, their family and their property with respect.
- Keep everything they learn about the consumer confidential.
- Report suspected abuse, neglect or exploitation to the hotline at 1-800-392-0210.
- Report a significant decline in the consumer's health, or any belief the consumer can no longer direct their own care, to Caring Companions In-Home Senior Care or DHSS.

If the code is broken:

The consumer, as the employer, enforces this code with their attendant. If an attendant abuses, neglects or exploits the consumer, we step in: we report it to the hotline and may stop the attendant from working for any of our consumers.

Pandemic Preparedness Policy

Required by 19 CSR 15-8.400(2). Caring Companions In-Home Senior Care gives this policy to every consumer every year and trains every consumer on it every year. Each consumer trains their attendant on it every year.

What we will do:

1. Keep services going wherever it is safe. CDS is essential care, so our default is that the attendant keeps working.
2. Stay reachable. Our office line and toll free number stay staffed during business hours, even if the office closes to visitors.
3. Tell you quickly, by phone, text and email, if DHSS, DSS or public health guidance changes anything about your services.
4. Keep payroll and EVV running. Pay does not stop because of a pandemic, and clocking in and out continues as normal.
5. Help you find an attendant. Every consumer must have their own backup plan. If you need a new or backup attendant, we help with our caregiver list at findcdscaregivers.com.
6. Follow DHSS and CDC infection control guidance and pass it to you in writing.

What we ask of the consumer:

- Keep your backup plan current. Name at least one person who could help if your attendant cannot come, and review it with us at least once a year.
- Tell us quickly if you, anyone in your home, or your attendant has a confirmed contagious illness.
- Train your attendant on this policy once a year. We will send it to you every year and remind you.
- Do not ask a sick attendant to work. Use your backup plan and call us.

What we ask of the attendant:

- Do not work while you have a contagious illness. Tell your consumer and tell us.
- Wash your hands often and use any protective equipment public health guidance recommends.
- Keep clocking in and out normally. A pandemic does not change EVV.

- Tell us as early as you can if you cannot work, so the consumer's backup plan can start.

If services must be reduced or interrupted:

- We will tell you as early as possible, in writing where we can.
- If many consumers need help finding an attendant at once, we help first those with no backup and the greatest health and safety needs, such as help with eating, toileting, medication or moving safely.
- We will report to DHSS if services cannot be provided as authorized in your plan of care.

Protective equipment (PPE):

In CDS the consumer provides gloves and other protective gear (see Attendant Responsibilities). During an outbreak we will share where to get free or low-cost protective equipment.

This policy is reviewed at least once a year and after any major public health event.

Caring Companions In-Home Senior Care

CDS Training Manual

Updated October 2026

This CDS Training Manual supersedes and rescinds all previous policies, practices, and statements not reiterated here with this document, and become the official policy statement of the Troutman Enterprises, LLC DBA Caring Companions In-Home Senior Care Consumer Directed Services Program.

I, _____ acknowledge I have read, understand and agree to adhere to the policies and procedures set forth within this CDS Training Manual by Troutman Enterprises, LLC DBA Caring Companions In-Home Senior Care.

Consumers: by signing, I also confirm I have been told my hearing rights and my responsibilities as a consumer.

Signature

Date

Caring Companions Staff Signature (Witness)

Date